

One Copy
Due August 29

**Combined Application
to State of South Dakota
Department of Education
Child & Adult Nutrition Services
for participation in
Special Nutrition and Food Distribution Programs**

2008-2009

PART 1 - COMBINED APPLICATION

A: LOCAL AGENCY DATA

1. Addresses and Phone Numbers

Local Agency (LA) Name: _____ LA Number: _____

LA Mailing Address: _____

City _____ State _____ Zip + 4 _____

Phone + Ext.: _____ Fax: _____

LA Package Delivery Address (must be a street Address, not PO Box):

City _____ State _____ Zip + 4 _____

2. Local Agency Status – Check the status of the Local Agency:

- ☐ Public School District ☐ Educational Cooperative
☐ Private for Profit (CACFP Only - check one): ☐ Title XX Center ☐ F/RP Center ☐ Title XIX Center
☐ Private or Public Nonprofit (✓ one): ☐ 501(c)3 status is current ☐ New Agencies enclose copy of 501(c)3
☐ Government (check one): ☐ State ☐ County ☐ Local ☐ Tribal

B. PROGRAMS

The Local Agency is applying to participate in (please check one or more):

- ☐ National School Lunch Program (NSLP) ☐ Child and Adult Care Food Program (CACFP)
☐ School Breakfast Program (SBP) ☐ Special Milk Program (SMP)
☐ Food Distribution Program (FDP) (commodities) ☐ Summer Food Service Program (SFSP)

C. MEAL/MILK COUNT METHOD

Indicate the method(s) used to count the number of full price, free, and reduced price participant's meals and/or milk. If tokens or tickets are used, attach a free, a reduced price, and a full price ticket or token. The State Agency must approve any changes in the procedures you indicate below. Attach additional page, if necessary.

(Check all that apply)

- 1) ☐ Point of service count is used or ☐ Alternate method to be used is described
2) ☐ Count is taken manually or ☐ Computer software is used to take the meal count
Name of Software Program: _____

D. PRODUCTION RECORDS

- ☐ State Agency prototype is used (see NSLP numbered memo 9A and CACFP Production Record Book for prototypes)
☐ Alternate form enclosed for approval

E. PERSONNEL - Place a (✓) in the narrow column if the name or information is new. If address/phone/fax is the same as agency, as listed on page 1, it does not have to be repeated.

Authorized Representative (person to receive mailings and authorized to enter into agreements on behalf of agency):

	National School Lunch/Breakfast	✓	Child and Adult Care Food	✓	Summer Food Service	✓	Special Milk	✓
Name								
e-mail								
2 nd Contact Name								
2 nd e-mail contact								
Mail								
City/Zip + 4								
Phone + Ext.								
Fax								

Claim Representative (person responsible for completing claims):

	National School Lunch/Breakfast	✓	Child and Adult Care Food	✓	Summer Food Service	✓	Special Milk	✓
Name								
Phone + Ext.								
Fax								
e-mail								

Food Service Director (person to receive nutrition/food service related mailings and commodity order blank):

	National School Lunch/Breakfast	✓	Child and Adult Care Food	✓	Summer Food Service	✓
Name						
e-mail						
Mail						
City/Zip + 4						
Phone + Ext.						
Fax						

List address for food service director if it is different than that of the local agency.

Commodity Delivery Address:

	National School Lunch/Breakfast	✓		Summer Food Service	✓
Name					
e-mail					
Mail					
City/Zip + 4					
Phone + Ext.					
Fax					

List physical address for delivery of commodities if is different than that of the local agency.

- F. SITE SUMMARY** - Fill in the name and address of each attendance center for each program. Copy and attach additional sheets if necessary. Sponsors of day care homes should list each day care home along with mailing addresses and dates of birth for each provider. It is acceptable to use your own format for listing as long as the pertinent information is included.

	Attendance Center #1	Attendance Center #2	Attendance Center #3	Attendance Center #4	Attendance Center #5
Name of Attendance Center					
City					
Type of Center					
Check if this is a new center ✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National School Lunch Program					
Begin Date					
End Date					
Operating days per week	SMTWTFS	SMTWTFS	SMTWTFS	SMTWTFS	SMTWTFS
Total number of operating days in year					
Snack operates same days?	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA
School Breakfast Program					
Begin Date					
End Date					
Operating days per week	SMTWTFS	SMTWTFS	SMTWTFS	SMTWTFS	SMTWTFS
Total number of operating days in year					
Special Milk Program					
Begin Date					
End Date					
Operating days per week	SMTWTFS	SMTWTFS	SMTWTFS	SMTWTFS	SMTWTFS
Total number of operating days in year					
Child and Adult Care Food Program					
Begin Date					
End Date					
Operating days per week	SMTWTFS	SMTWTFS	SMTWTFS	SMTWTFS	SMTWTFS
Total number of operating days in year					
Summer Food Service Program					
Begin Date					
End Date					
Operating days per week	SMTWTFS	SMTWTFS	SMTWTFS	SMTWTFS	SMTWTFS
Total number of operating days in year					

G. CONTRACTS

All contracts must be approved by the State Agency, except purchases under \$10,000.

Do any Food Service related contracts exceed \$10,000?	YES	NO
Does the LA have any arrangements for local processing of commodities?	YES	NO
Does the LA store food in facilities other than those it owns?	YES	NO
Does the LA prepare meals for other entities?	YES	NO
Does the LA have another entity prepare meals for any of its sites?	YES	NO
Are there any food service management company contracts?	YES	NO

Initial year of contract _____

If any of the answers are yes, list them below and attach a copy of the current agreement with the contractor.

ORGANIZATION: _____
_____**H. ATTACHMENTS** – The Local Agency has included the following applicable attachments:

- ☐ 1. Specific Program Application Parts
- ☐ 2. Letter to Parents/Application for Free and Reduced Price Meals
- ☐ 3. Notification of Eligibility for Free and Reduced Price Meals in pricing agencies
- ☐ 4. Contracts as listed above
- ☐ 5. (NSLP only) I have reviewed parts 2 and 3 and either: a) found no changes that need to be submitted; or b) have made the needed changes, highlighted, and submitted them with this application renewal. Part 2(E) regarding audit does not need to be updated.

I. AUTHORITY: In order to effectuate the purpose of the following statutes: The National School Lunch Act (NSLA), as amended, (42 U.S.C. 1751-1760, 1761, 1762a, 1765, 1766, 1779), The Child Nutrition Act (CNA) of 1966, as amended, (42 U.S.C. 1771-1774, 1784, 1788, 5 U.S.C. 301), The Agricultural Act of 1949, as amended, (7 U.S.C. 1431), The Agricultural Act of 1956, as amended, (7 U.S.C. 1431nt), The Act of August 24, 1935, as amended, (7 U.S.C. 612c 15 U.S.C. 713c), The Mutual Security Act of 1954, as amended, (22 U.S.C. 1922), The Disaster Relief Act of 1974, as amended, (42 U.S.C. 5179, 5180), The Food and Agricultural Act of 1965, as amended, (7 U.S.C. 1446 a-1), the Older Americans Act of 1965, as amended, (42 U.S.C. 3030a, 3057c), The Agriculture and Consumer Protection Act of 1973, as amended (7 U.S.C. 612cnt), The Food and Agriculture Act of 1977, as amended, (7U.S.C. 2011-2027).**J. ASSURANCES:** The Local Agency agrees to abide by federal regulations, state and federal instructions, guidance, policies, agreements, and amendments to agreements applicable to the programs approved for participation. The Local Agency further agrees to use the attachments provided by the State for the applicable programs, (Letter to Parents, Application, Current Income Guidelines) or to seek approval prior to using any modifications other than those noted. The applicant agency assumes responsibility for all sites/attendance centers listed in Part F of this application for the Nutrition Programs operated at these sites. This is to certify that the information supplied herein is true and correct to the best of my knowledge; and that the Board of Education/Governing Body is informed of, and in accord with all terms and conditions.

The Local agency certifies that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. If unable to certify to this statement, an explanation shall be attached to this application.

Child and Adult Nutrition Services (referred to as the "State Agency") and the Local Agency (LA) whose name and address appear in Part 1.A, acting on behalf of each site listed in Part 1.F attached hereto and incorporated by this reference covenant and agree as follows as set out in individual program applications, sections, and parts.

Local AgencyBy: _____
Authorized Representative SignatureName: _____
(Print or Type)

Title: _____

Date: _____

Department of Education – Child and Adult Nutrition Services (CANS)By: _____
SignatureName: Sandra KangasTitle: Supervisor

Date: _____